## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica  | form should be used f<br>correspondence includir<br>ed below or directed off<br>tions. | for transmitting the IS<br>ng the Patent, advance<br>nerwise in Block 1, by | SUE FEE and PUBLICATI orders and notification of in (a) specifying a new corres                         |  |  |  |
|--|--|---|---|--|--|--|
| CURRENT CORRESPOND   | ock 1 for any change of address  | s) Note<br>Fee(<br>pape<br>have   | e: A certificate of ma<br>(s) Transmittal, This c<br>ers. Each additional p<br>e its own certificate of | illing can only be used for<br>certificate cannot be used to<br>aper, such as an assignme<br>mailing or transmission.  | or domestic mailings of the<br>for any other accompanying<br>ont or formal drawing, must |  |
| 48418  | 7590 07/15   | /2009   |   | Certifi  | icate of Mailing or Trans  | mission  |
| PARKS KNOV   |  |   | I her   | reby certify that this I   | Fee(s) Transmittal is being  | g deposited with the United  |
|  | ER CENTER WES  | Τ   | addr  | ressed to the Mail S   | top ISSUE FEE address  | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>ate indicated below. |
| SUITE E402<br>ATLANTA, GA  | 30338  |   |   | Susan C. Ha  | **************************************   | (Depositor's name)   |
| ,,   |  |   |   |  |  | (Signature)  |
|  |  |   |   | )9/16/09   | Harrison/  | (Date)   |
| APPLICATION NO. FILING DATE  |  | FIRST NAMED INVENTOR  | A   | TTORNEY DOCKET NO.   | CONFIRMATION NO.   |  |
| 10/560,201 12/08/2005  |  | Timothy Freeze  |   | CPG 03-07 MB   | 5506   |  |
| TITLE OF INVENTION: CHILD RESISTANT BLISTER PACKAGE  |  |   |   |  |  |  |
|  |  |   |   |  |  |  |
|  |  |   |   | 1  |  |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE F   |  |  |
| nonprovisional   | NO   | \$1510  | \$300   | \$0  | \$1810   | 10/15/2009   |
| EXAMINER ART UNIT  |  | CLASS-SUBCLASS  |   |  |  |  |
| BUI, LUAN KIM 3728   |  |   | 206-531000  | ···  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   |  |   | Por printing on the p     (1) the names of up to  |  | Horneys 1 Aliso  | n R. Scheidler   |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |  |   | or agents OR, alternative   | vely,  | . Tsuqi  | hiko Suzuki  |
| Proc Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |   | registered attorney or a  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |  |  |
| 3. ASSIGNEE NAME A   | ND RESIDENCE DATA  | A TO BE PRINTED OF  | N THE PATENT (print or typ  | oe)  |  |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |  |   |   |  |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |   |   |  |  |  |
| MeadWestvaco Corporation Glen Allen, VA  |  |   |   |  |  |  |
| Please check the appropr   | riate assignee category or   | categories (will not be   | printed on the patent): $\Box$  | Individual 🛚 Corp  | oration or other private gr  | oup entity Government  |
| 4a. The following fee(s) are submitted:    State Fee   A check is enclosed.   S 1810.00  |  |   |   |  |  |  |
| 5. Change in Entity Sta  |  |   |   |  |  |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. |  |   |   |  |  |  |
| interest as shown by the   |  |   |   |  |  | - u  |
| Authorized Signature   |  | iko Suzuki/   |   | Date09/  | 16/09  | 1.08 <del>(11.11.11.11.11.11.11.11.11.11.11.11.11.</del>   |
| Typed or printed nam   | ie   | ko Suzuki   |   | Registration No.   |  |  |
| This collection of inform  | nation is required by 37 (   | CFR 1.311. The informa  | ation is required to obtain or a  | retain a benefit by the  | public which is to file (an  | d by the USPTO to process)   |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.